

EXHIBIT 113



The Opioid Crisis

A Policy Discussion on PDMPs, E-Prescribing and Strategy

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Agenda

Introduction (Sally West)
Background (Steven Gregory)
PDMP (Tomson George)
E-Prescribing (Michele Davidson)
Walgreen Strategy (Charley John)
Closing Remarks (Casey Cesnovar)



Background

Background

Drug overdose deaths have reached epidemic proportions in the U.S. and require a complex, multi-faceted approach.

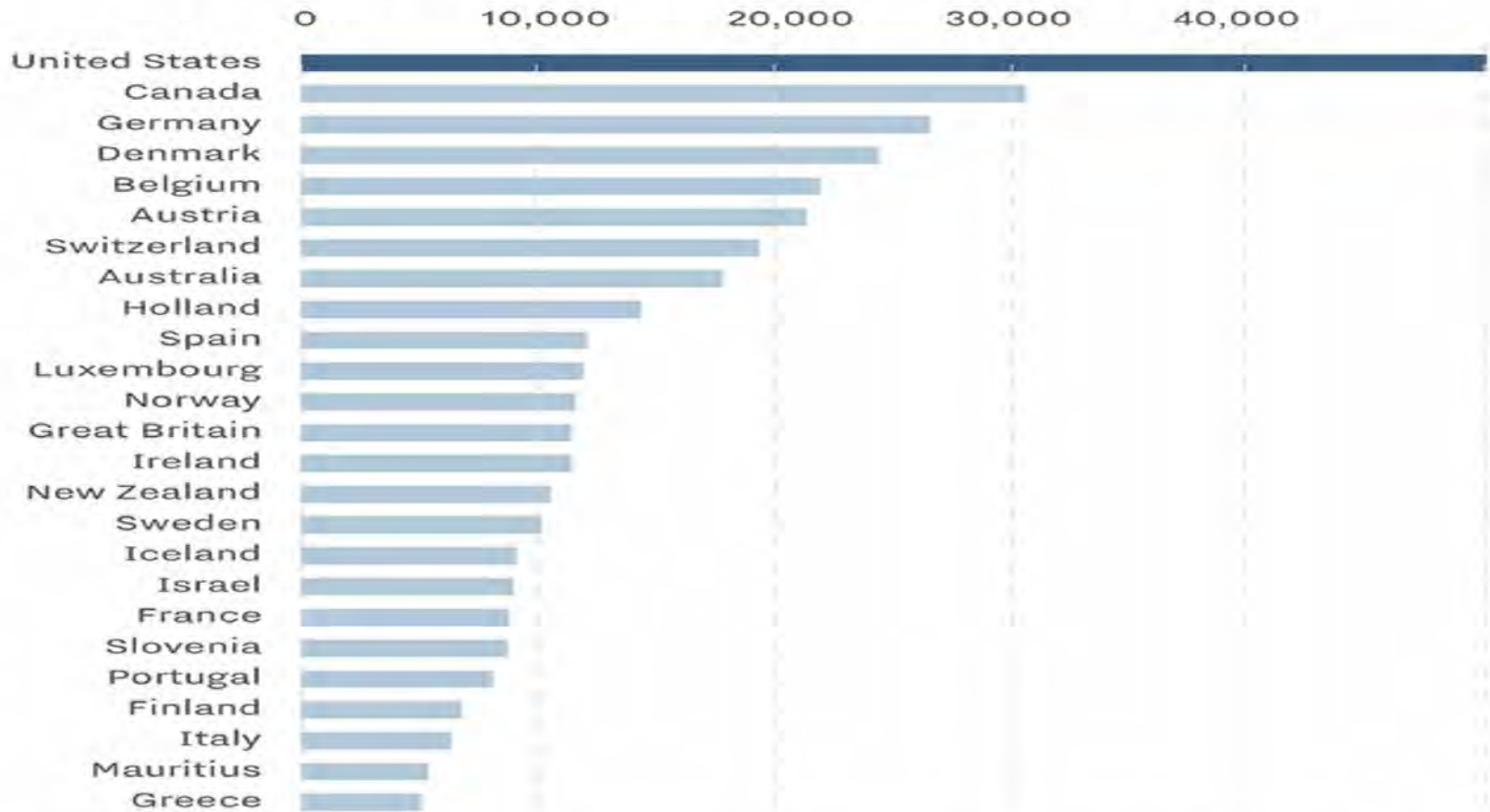
- According to HHS, 175 people die daily from the drug crisis
- Since 1999, the number of American overdose deaths involving opioids quadrupled.
- Approximately, six in 10 drug overdose deaths involved opioids.
 - Prescription or synthetic opioid pain relievers were implicated in more than two-thirds of opioid-related overdose death

Providers wrote more than 66 prescriptions for every 100 people in the United States in 2016.

Currently, U.S. pharmacies dispense more than 650,000 opioid prescriptions on an average day.

Americans consume more opioids than any other country

Standard daily opioid dose for every 1 million people



Source: United Nations International Narcotics Control Board
Credit: Sarah Frostenson

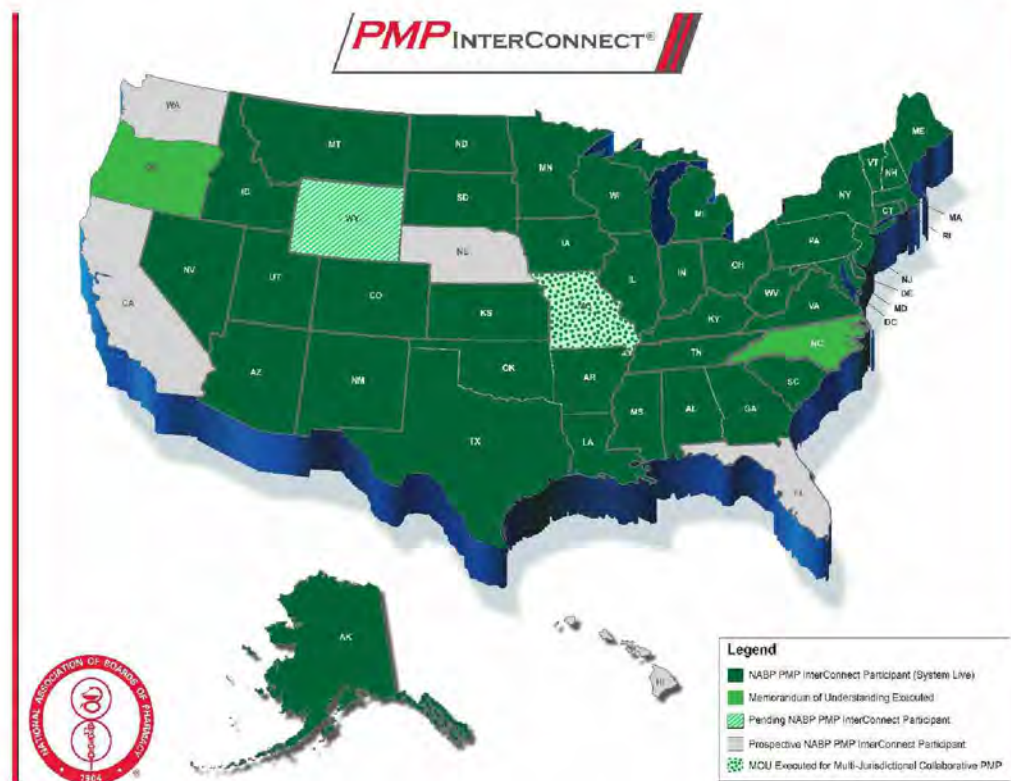
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Prescription Drug Monitoring Programs (PDMPs)

Landscape

- 49 states plus Washington DC have state-wide programs
- Missouri does not have a state-wide system, but their inter-county system covers 77% of pharmacies within the state
- Intrastate Data Sharing is active in 44 states through PMPi



Corresponding Responsibility and Good Faith Dispensing

DEA:

A responsibility for the proper prescribing and dispensing of controlled substances is upon the prescribing practitioner, but a corresponding responsibility rests with the pharmacist who fills the prescription

Walgreens Policy

- The pharmacist must use the elements of Good Faith Dispensing in conjunction with state and federal controlled substance laws when filling all prescriptions
- Controlled substances may only be dispensed to patients who have a prescription for a valid medical purpose issued by a practitioner acting in the usual course of professional practice
- Prescription validation procedures

Voluntary vs Mandated Use

When Should A Pharmacist use the PMP?

- When a pharmacist has a reasonable belief that a patient may be seeking a controlled substance drug for any purpose other than the treatment of an existing medical condition, or if a pharmacist has doubts or concerns about the validity of a prescription

Best Practices

- Out of State Prescriptions
- Early Refills
- Cash Prescriptions

State Regulations

- Prescriber Mandates (26 states)
- Pharmacist Mandates (8 states)

Key Issues

Reporting Frequency:

- Daily Reporting vs Real-Time

Data Requirements

- Controlled Drugs vs Drugs of Concern or Non-Controlled Drugs
- ASAP 4.2 and ASAP 4.2a

Access and Usage:

- Mandatory or Automated Registration
- Delegate Access
- System Integration (PMP Gateway; Patient Safety Network)
- NarxCare
- Mandatory Use

Questions





E-Prescribing

What is e-Prescribing?

Secure transmission of an electronically prepared prescription that is transmitted from the prescriber to the pharmacy

-----NOT a fax-----

Supports appropriate prescribing of all medications including opioids by improving clinical decision making process

Widely adopted

- Included in the Medicare Modernization Act (MMA) of 2003 (except controlled substances)
- Institute of Medicine reported in 2006 on the role of e-prescribing in reducing medication errors Named in Federal Legislation
- June 1, 2010 the DEA issued a rule allowing prescriptions for controlled substances transmitted electronically

Every state in the U.S. now allows e-prescribing, including e-prescribing of controlled substances (EPCS)

Benefits of e-Prescribing

Enhances security and curbs FWA

- Cannot be altered or copied
- Are trackable
- Prevents doctor shopping
- Ensures only those authorized to prescribe do so

Eliminates handwriting errors

- Improves patient safety

Enables clinical decision making at point of prescribing

- Improves patient outcomes
- Review patient history (previous overdose/interactions)

Improved patient adherence

- Surescripts study indicated increases in first fill adherence by 10%

Widely adopted

Legislation

Nationally, over 70% of prescribers are enabled for e-Prescribing

Only 14% are enabled for EPCS

86% of controlled substance Rx's are still hand-written

- Prone to inaccuracy
- Quality issues
- Vulnerable to theft and forgery

Need to use the technology we have available

- Increase EPCS utilization
- Perfect solution to Opioid Crisis

Federal Bill Every Prescription Conveyed Securely (EPCS) Act

- Would require all EPCS under Part D by 2020

States with e-Prescribing Laws

State	Prescriber %	Pharmacy %	Laws	Penalties
NY	72.1	98.1	Mandatory for all controlled substances, March 27, 2016	Y
ME	3.1	97.6	Mandatory for opiates, July 1, 2017	
MN	14.3	93.8	Mandatory for all controlled substances, January 1, 2011	N
CT	3.7	96.2	Mandatory for all controlled substances, January 1, 2018	N
VA	3.1	90.3	Mandatory for all opiates, July 1, 202	
NC	12.1	94.1	Mandatory for all opiates, January 1, 2020	
RI	19.6	98.9	Mandatory for all controlled substances, January 1 2020	

States with e-Prescribing Laws

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Legislative Language

Walgreens recommends mandating e-prescribing as part of Opioid solution

Mandate should include specific principles to ensure effectiveness, including:

- Apply to all prescriptions including controlled substances (not just opioids)
- Use enforcement provision(s) to ensure compliance
- Allow for appropriate exceptions (e.g. practitioner waivers, veterinarians, etc.)
- Provide immunity to pharmacists for good faith handling of exceptions

EPCS can help in reducing the number of opioid prescriptions prescribed

Results

Mandates work!

- NY enacted legislation in March 2016 (with penalties)
 - Prescriber enablement increased by 45.5% (now at 72%)
 - Pharmacy enablement increased by 7% (now at 98%)

MN (no enforcement provision) has only 19.8% of prescribers enabled for EPCS

Check out your state:

- <http://surescripts.com/products-and-services/e-prescribing-of-controlled-substances>
- (scroll to bottom of the page for interactive map)

NY and ME have penalties

Other states (RI, CT, MN, NJ and VA) do not

It makes a difference!

Questions





Walgreens strategy to combatting the opioid epidemic

Charley John, Director, U. S. Public Policy

Innovative Solutions



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Policy Focus

- E-rx
- National PDMP
- Prescribing and dispensing best practices
- Co-prescribing
- MAT
- Opioid education/adherence
- ADF
- Non-addictive therapy innovation

Questions

